Results The median lymph nodes harvested were 10 on both sides (range: 7–15). The median operative time was 80 min (range 60–90) and blood loss was approximately 25 ml (range: 20–35 ml). There was no treatment-specific perioperative mortality. None of the patients had flap necrosis. Seroma formation was the most common complication, observed in 26 (13.8%), skin edge necrosis in 22 (11.7%) including surgical wound infection in 13 (6.9%) cases. During the routine follow-up, six had (3.2%) persisting seroma, five (2.6%) had grade II lymphedema and two developed deep venous thrombosis (1.06%). Eleven patients (5.8%) developed recurrence during the follow-up period. Six patients had locoregional recurrence, while 5 patients (3.2%) developed systemic recurrence. The femoral artery blows out was not observed in any patient even after receiving radiotherapy.

Conclusion This modified technique reduced the all possible morbidities without compromising oncological principles. It can be reproducible and feasible with a comparable learning curve.

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ENDOMETRIAL ADENOCARCINOMA ARISING FROM ADENOMYOSIS: AN UNUSUAL CASE

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T HELPER CELL 17 IS INVERSELY RELATED TO CLINICAL OUTCOME TO NEOADJUVANT CHEMOTHERAPY IN OVARIAN CANCER

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Abstracts

CERVICAL CONIZATION AND SENTINEL LYMPH NODE FOR FERTILITY PRESERVATION IN EARLY LOW-RISK CERVICAL CANCER. LESS IS BETTER?

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Introduction Radical trachelectomy is the standard treatment to preserve fertility in early stage cervical cancer. Several studies reported a low rate of parametrial spread in selected groups of patients. There is no a consensus of low-risk tumors: size <2 cm, squamous or adenocarcinoma histology,